

MS4 FACILITY ASSESSMENT

Crown Point MS4 Program * 11035 Broadway * Crown Point, IN 46307
Phone: (219) 662-3242 * Fax: (219) 661-2280

Facility Name:	
Address:	
Inspector:	
Date Inspected:	
Facility Contact:	

- ☐ Public Works Department
- ☐ Street/Hwy. Department
- ☐ Waste Water Department
- ☐ Parks Department
- ☐ Fire/Police Department
- ☐ Swimming Pool
- ☐ Cemetery
- ☐ Other: _____

- ☐ Site Map (attached)
- ☐ Pictures (attached)

GROUND S - OUTER PERIMETER

A1	<input type="checkbox"/>	Evidence of possible contaminated stormwater runoff leaving the perimeter
COMMENT:		
A2	<input type="checkbox"/>	Outfalls need stabilization and/or repair
COMMENT:		
A3	<input type="checkbox"/>	Perimeter needing management practice installation and/or repair
COMMENT:		
A4	<input type="checkbox"/>	
COMMENT:		

FACILITY YARD/PARKING

B1	<input type="checkbox"/>	Stormwater conveyance and/or storage needs repair/improvement (swales, drains, ditches, detention, inlets..)
COMMENT:		
B2	<input type="checkbox"/>	Need to have designated snow stockpile area
COMMENT:		
B3	<input type="checkbox"/>	Storm drain inlets need to be marked
COMMENT:		
B4	<input type="checkbox"/>	Bulk hazardous materials storage/tanks issues
COMMENT:		
B5	<input type="checkbox"/>	Address issues with fueling area(s)
COMMENT:		
B6	<input type="checkbox"/>	Address vehicle storage and/or repair in yard
COMMENT:		
B7	<input type="checkbox"/>	Dumpster in poor condition, location, and/or uncovered
COMMENT:		
B8	<input type="checkbox"/>	Address grounds litter and debris
COMMENT:		
B9	<input type="checkbox"/>	Need to re-vegetate area(s) with grass, shrubs, trees (see below)

COMMENT:		
B10	<input type="checkbox"/>	Address potential pollutants stored near storm drain inlet(s)
COMMENT:		
B11	<input type="checkbox"/>	Parking areas need surface maintenance or replacement with pervious materials
COMMENT:		
B12	<input type="checkbox"/>	Deicing material stockpile lacks adequate storage
COMMENT:		
B13	<input type="checkbox"/>	Address liquid fertilizer/herbicide application, equipment calibration, handling, and/or storage
COMMENT:		
B14	<input type="checkbox"/>	Address dry fertilizer/herbicide application, equipment calibration, handling, and/or storage
COMMENT:		

B15	<input type="checkbox"/>	Address areas subject to flooding
COMMENT:		
B16	<input type="checkbox"/>	Storm drain inlets need additional protection
COMMENT:		
B17	<input type="checkbox"/>	
COMMENT:		
B18	<input type="checkbox"/>	
COMMENT:		

BUILDING

C1	<input type="checkbox"/>	Address gutters and downspouts
COMMENT:		
C2	<input type="checkbox"/>	Floor drains are not connected to sanitary drainage system or sealed
COMMENT:		
C3	<input type="checkbox"/>	Building lacks pollution prevention signage
COMMENT:		
C4	<input type="checkbox"/>	Address dry and liquid materials storage, handling and/or labeling
COMMENT:		
C5	<input type="checkbox"/>	Update MSDS binder and place in location
COMMENT:		
C6	<input type="checkbox"/>	No area(s) designated for vehicle repair
COMMENT:		
C7	<input type="checkbox"/>	Equipment needs to be calibrated
COMMENT:		
C8	<input type="checkbox"/>	Address leaking from motor vehicles
COMMENT:		
C9	<input type="checkbox"/>	Facility lacks appropriate spill cleanup materials
COMMENT:		
C10	<input type="checkbox"/>	Floor is not clean and/or has debris that could be tracked out
COMMENT:		
C11	<input type="checkbox"/>	Address vehicle washing location and detergents

COMMENT:		
C12	<input type="checkbox"/>	Spill trays are needed
COMMENT:		
C13	<input type="checkbox"/>	
COMMENT:		
C14	<input type="checkbox"/>	
COMMENT:		
PROCEDURES/POLICY		
D1	<input type="checkbox"/>	Lack of Facility Specific Stormwater Pollution Prevention Plan (SWPPP)
COMMENT:		
D2	<input type="checkbox"/>	Staff need additional training and/or certifications
COMMENT:		
D3	<input type="checkbox"/>	SOPs are not developed and/or implemented
COMMENT:		
D4	<input type="checkbox"/>	Facility self-inspections are not being conducted
COMMENT:		
D5	<input type="checkbox"/>	Need to keep records to track annual amount of materials collected and applied (salt, sediment, pesticides...)
COMMENT:		
D6	<input type="checkbox"/>	
COMMENT:		
D7	<input type="checkbox"/>	
COMMENT:		

☐ Next Inspection Scheduled for (date) _____

☐ Pollutant(s) discharge needs to be addressed immediately

Description _____

Additional Explanation of Comments (with reference to Item #): _____
